

MILDRED DAVENPORT, INDIVIDUALLY AND AS
ADMINISTRATRIX C.T.A. OF THE
ORVYN A. ROBINSON, DECEASED, ESTATE,

GRANTOR

TO

WARRANTY DEED

JAMES D. MARKWELL,

GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor, MILDRED DAVENPORT, INDIVIDUALLY AND AS ADMINISTRATRIX C.T.A. OF THE ORVYN A. ROBINSON ESTATE, deceased, as appointed in Cause No. 06-06-1027 in the Chancery Court of DeSoto County, Mississippi, and pursuant to an order entered in that cause, hereby sell, convey, and warrant unto the Grantee, JAMES D. MARKWELL, the land in DeSoto County, Mississippi, being more particularly described as follows:

Lot 428, Section A, Delta View Addition to Lake O' The Hills Subdivision, located in Section 19, Township 3 South, Range 9 West, in DeSoto County, Mississippi as shown on plat of record in Plat Book 4, pages 22, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is made for a more particular description.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect; restrictive covenants of the subdivision; and rights of way and easements for public roads, flowage, and utilities. The warranty in this deed is subject to any prior conveyance or reservation of minerals of every kind and character, including but not limited to current or prior owners. No such reservation is made by Grantor herein however with this conveyance. Taxes for 2006 shall be estimated and prorated at closing and paid by the Grantee when due with any final adjustments in proration to be made between Grantor and Grantee when the actual ad-valorem tax bill is rendered. Possession is to be given upon delivery of this Deed.

By way of explanation, Hazel Robinson passed away on June 18, 2002 and Orvyn A. Robinson passed away on January 19, 2006 and his Will was probated in Cause No. 06-06-

WBAB

1027 in the Chancery Court of DeSoto County, Mississippi. Grantor herein was his sole devisee and was appointed Administratrix c.t.a. by the Court.

EXECUTED this the 29 day of September, 2006.

Mildred Davenport

MILDRED DAVENPORT,
INDIVIDUALLY AND AS
ADMINISTRATRIX C.T.A. OF THE
ESTATE OF ORVYN A. ROBINSON,
DECEASED, GRANTOR

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named MILDRED DAVENPORT, INDIVIDUALLY AND AS ADMINISTRATRIX C.T.A. OF THE ESTATE OF ORVYN A. ROBINSON, DECEASED, who acknowledged signing and delivering the above and foregoing Warranty Deed on the day and year therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 29 day of September,

May Walker Brown
NOTARY PUBLIC

My Commission Expires:
2-29-07

GRANTOR'S ADDRESS:

P.O. Box 720, Hernando, MS 38632
Home #: 662-429-8436 Bus #: n/a

GRANTEE'S ADDRESS:

4085 Wheeler Road, Hernando, MS 38632
Home #: 662-429-6360 Bus #: n/a

Prepared by:
Walker, Brown & Brown, P. A.
P. O. Box 276
Hernando, MS 38632
(662) 429-5277
(901) 521-9292

3106mwb Davenport Deed

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE
NUMBER

123-06-000703

TYPE OR PRINT
IN BLACK INKFILING
DATE

JAN 23 2006

DECEASED	1. NAME First Middle Last <u>Orvyn A. Robinson</u>			2. SEX <u>Male</u>	3a. HOUR OF DEATH <u>1:00 AM</u>	3b. DATE OF DEATH (Month, Day, Year) <u>January 19, 2006</u>
	4. RACE (Specify White, Black, American Indian, etc.) <u>White</u>	5a. AGE AT LAST BIRTHDAY <u>79</u> Years	5b. MOS <u>ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY</u>		6. DATE OF BIRTH (Month, Day, Year) <u>12-18-1926</u>	7a. COUNTY OF DEATH <u>Desoto</u>
	7b. CITY OR TOWN OF DEATH <u>Hernando, Ms.</u>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <u>11759 Wren Rd. (Resident)</u>			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <u>Resident</u>	8. STATE OF BIRTH <u>Miss.</u>
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elem/High School</u>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	11. SURVIVING SPOUSE (If wife, give maiden name) <u>NA</u>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <u>Yes</u>	
RESIDENCE items, per actual location home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <u>American</u>	14. SOCIAL SECURITY NUMBER <u>412-30-1895</u>	15a. USUAL OCCUPATION (Kind of work done most of working life) <u>Camera Shop Owner</u>		15b. KIND OF BUSINESS OR INDUSTRY <u>Sycamore Exchange</u>	
	16a. RESIDENCE-STATE <u>Miss.</u>	16b. COUNTY <u>Desoto</u>	16c. CITY OR TOWN <u>Hernando</u>	16d. INSIDE CITY LIMITS (Specify Yes or No) <u>No</u>	16e. STREET AND NUMBER OR RURAL LOCATION <u>11759 Wren Rd.</u>	
PARENTS	17. FATHER-NAME First Middle Last <u>Charles R. Robinson</u>			18. MOTHER-NAME First Middle Maiden <u>Winnie Minyard</u>		
	19a. INFORMANT-NAME (Type or print) <u>Mildred Davenport</u>			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>11759 Wren Rd. Hernando, Miss. 38632</u>		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		20b. CEMETERY, CREMATORY-NAME <u>Eudora Baptist Cem. Eudora, Miss.</u>		20c. LOCATION (City and State) <u>Regina Peebles FS 0789</u>	
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER <u>Brantley-Phillips 17 B</u>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>2470 Hwy. 51 South Hernando, Miss. 38632</u>			
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <u>Jeffery Pounders</u>			22b. PRONOUNCED DEAD (Month, Day, Year) <u>ON Jan. 19, 2006</u>		22c. PRONOUNCED DEAD (Hour) <u>AT 6:40 PM</u>
	23a. CERTIFIER-NAME (Type or print) <u>Jeffery Pounders</u>			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>4942 Pounders Rd. Nesbit, Miss. 38651</u>		
CERTIFIER	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <u>Jeffery Pounders</u> MD			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <u>Jeffery Pounders</u>		
	24b. DATE SIGNED (Month, Day, Year) <u>January 20, 2006</u>			24c. STATE LICENSE NUMBER <u>Desoto County CMEI</u>		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24f. DATE SIGNED (Month, Day, Year) <u>January 20, 2006</u>		
	24g. DATE SIGNED (Month, Day, Year) <u>January 20, 2006</u>			24h. DATE SIGNED (Month, Day, Year) <u>January 20, 2006</u>		
CAUSE OF DEATH	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) <u>Congestive Heart Failure</u> Interval between onset and death					
	(b) <u>ASCD</u> Interval between onset and death					
	(c) <u>ASCD</u> Interval between onset and death					
	26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I					
USE OF DEATH	27. AUTOPSY (Yes or No) <u>No</u>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <u>Yes</u>		29. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.	
	29d. INJURY AT WORK (Yes or No)		29e. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29f. LOCATION Street or route number City or town State	
	29g. INJURY AT WORK (Yes or No)		29h. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29i. LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Army, MD, MHA, MPH
STATE HEALTH OFFICER

JAN 24 2006

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

TYPE OR PRINT WITH BLACK INK		FILING DATE				CERTIFICATE OF DEATH STATE OF MISSISSIPPI				STATE FILE NUMBER 123- BK 540 PG 534			
DECEASED		1. NAME First Middle Last HAZEL CUBA ROBINSON				2. SEX FEMALE		3a. HOUR OF DEATH 7:25A m.		3b. DATE OF DEATH (Month, Day, Year) JUNE 18, 2002			
If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items		4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 77 Years		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) 2-16- 1925		7a. COUNTY OF DEATH DESOTO			
		7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B				7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA INPT.		8. STATE OF BIRTH Miss.			
For RESIDENCE items enter actual location of home before then mailing address		9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem. High School College 10 0		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Whitney Robinson		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No					
		13. ORIGIN OF DECEDENT (Specify Cuban, Anglo-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 013-12-9392		15a. USUAL OCCUPATION prior to death (Specify if working for) Home Wife		15b. KIND OF BUSINESS OR INDUSTRY Home Baker					
		16a. RESIDENCE STATE Miss.		16b. COUNTY Desoto		16c. CITY OR TOWN Hernando		16d. INSIDE CITY LIMITS (Specify Yes or No) No		16e. STREET AND NUMBER OF RESIDENTIAL LOCATION 11759 Wren Rd.			
PARENTS		17. FATHER-NAME First Middle Last Owen Myrard				18. MOTHER-NAME First Middle Maiden Cuba							
INFORMANT		19a. INFORMANT-NAME (Type or print) Whitney Robinson				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 11759 Wren Rd. Hernando, Miss. 38632							
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY-NAME Eudora Baptist Cem.		20c. LOCATION (City and State) Eudora, Miss.		21a. EMBALMER-SIGNATURE AND NUMBER Chris Walla FB 0743					
		21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Frankley-Phillips 17B		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2470 Hwy. 51 So. Hernando, Miss. 38632									
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) EDNA DAVIS, MD				22b. PRONOUNCED DEAD (Month, Day, Year) ON JUNE 18, 2002		22c. PRONOUNCED DEAD (Hour) AT 7:25A m.					
CERTIFIER		23a. CERTIFIER-NAME (Type or print) BENTON WHEELER, MD				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 55 PHYSICIAN LANE#2, SOUTHAVEN, MS 38671							
Mississippi State Board of Health Form No. 511 Revised 1-1-89		This section to be completed by physician if NOT a medical examiner		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE B. Wheeler MD		This section to be completed by medical examiner ONLY		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE					
		24b. DATE SIGNED (Month, Day, Year) 6/19/02		24c. STATE LICENSE NUMBER 13808		24f. TITLE		24g. DATE SIGNED (Month, Day, Year)					
CAUSE OF DEATH		25. PART I: DEATH CAUSED BY		IMMEDIATE CAUSE (Enter one cause only) (a) Pneumonia DUE TO OR AS A CONSEQUENCE OF (Enter one cause only) (b) Pneumonia DUE TO OR AS A CONSEQUENCE OF (Enter one cause only) (c)				Interval between onset and death 2 days					
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I Breast Cancer						27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)			
		Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED			
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route, number		City or town State			

BURIAL TRANSIT PERMIT